

01 MAY 2006

Express Mail No. EV 531 712 384 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:	Reed et al. (as amended)	Confirmation No.:	5470
Serial No.:	10/823,253	Art Unit:	1644
Filed:	April 12, 2004	Examiner:	Rinaudo, Jo Ann S.
For:	RECOMBINANT IL-9 ANTIBODIES AND USES THEREOF	Attorney Docket No:	10271-112-999

PETITION FOR EXTENSION OF TIME UNDER 37 CFR § 1.136(a)

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

It is respectfully requested that the time for response to the Office Action dated November 29, 2005 be extended for a period of two (2) month(s) from February 28, 2006 to and including Saturday, April 29, 2006.

The fee for this extension is estimated to be \$450.00. Please charge the required fee to Jones Day Deposit Account No. 50-3013. A copy of this sheet is enclosed.

Respectfully submitted,

Date: May 1, 2006

Margaret B. Brivanlou 40,922  
Margaret B. Brivanlou (Reg. No.)  
**JONES DAY**  
222 East 41st Street  
New York, New York 10017  
(212) 326-3939

05/04/2006 HKAYPAGH 00000084 503013 10823253  
01 FC:1252 450.00 DA

By: Jonathan D. Chade  
Reg No. 46, 617

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Reed et al. (as amended) Confirmation No.: 5470

Serial No.: 10/823,253 Art Unit: 1644

Filed: April 12, 2004 Examiner: Rinaudo, Jo Ann S.

For: RECOMBINANT IL-9 Antibodies and Uses Thereof Attorney Docket No: 10271-112-999

## FEE TRANSMITTAL SHEET

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The fee required to be filed with the accompanying amendment of even date herewith concerning the above-identified application has been estimated to be \$800.00.

The claim amendment fee has been estimated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)		<input type="checkbox"/> SMALL ENTITY	<input checked="" type="checkbox"/> OTHER THAN A SMALL ENTITY		
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID		PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE
TOTAL	133	MINUS	146	0	x 25	\$		x 50	\$ 0.00
INDEP.	11	MINUS	7	4	x 100	\$		x 200	\$ 800.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						\$		\$	0.00
TOTAL						\$	OR	TOTAL	\$ 800.00

Please charge the required fee to Jones Day Deposit Account No. 50-3013. A copy of this sheet is enclosed.

Date: May 1, 2006

05/04/2006 HKAYPAGH 00000084 503013 10823253  
02 FC:1614 800.00 DA

Enclosure

Respectfully submitted,

*Margaret B. Brivanlou* 40,922  
Margaret B. Brivanlou (Reg. No.)  
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By: *Jennifer J. Chiodo*  
Reg No. 46,617